
GENITOURINARY MEDICINE

Editorial

Undergraduate teaching in genitourinary medicine

Through the simple medium of a self-completion questionnaire, Cowan and Adler have revisited the state of teaching in genitourinary medicine (GUM) nationwide; the results (in this issue of *Genitourinary Medicine*) are not encouraging. One medical school does not teach any GUM at all, two do not offer teaching in GUM to all students, and overall, less time is devoted to the subject than in 1984. Teaching is still predominantly lecture-based. The medical schools which offered the least clinical teaching were the most likely to be confident in their student's ability to take a sexual history. The authors conclude that it is astonishing that the amount of time devoted to GUM has actually fallen throughout the emergence of the AIDS epidemic, when there is more reason than ever to educate medical students in sexual health.

Members of the speciality need not be told that teaching opportunities in GUM/HIV should be enhanced. This includes adequate time within the overall curriculum. The quality of the learning is not, however, linearly related to the time spent on the subject. It is the quality of the teaching, its appropriateness and its enthusiasm, which are the most important factors in learning. Moreover, asking teachers about the quality of their output may not reveal the true picture. The majority of consultants in this study rated their teaching as "outstanding", but no information was available from the students to confirm this self-satisfied response.

How can progress best be achieved in GUM teaching? Firstly a clear set of objectives are required for the course. These objectives are essential for the teachers, but it would also be helpful for the students if they were presented with clear objectives at the start of their course. Secondly, a teaching method is required that encourages understanding and the ability to solve problems, rather than rote learning of facts. This approach is often best achieved by self-directed learning. Thirdly, it is essential that there is regular audit of the teaching course. There are two complementary components to this audit; student reaction to the course is one. Cowen and Adler report that the most common means of assessment used was that initiated by the medical school secretariat; this is unlikely to elicit more than a broad response. Student

reaction is best effected by means of a formal questionnaire devised by the GUM department to be detailed enough to assess every aspect of the programme. Another valuable means of assessing a teaching course is external audit, whereby a GUM physician from another hospital evaluates the teaching programme. There was no mention of this latter approach in the survey, and we suspect that it is very rarely used.

Clear objectives, good teaching method and regular audit will enable a teaching programme to continuously improve and adapt. However, these strategies alone are not enough to redress the imbalance that is highlighted by Cowen and Adler's paper. Whereas they have identified a reduction in GUM teaching since 1984, we are left to speculate upon the reasons for this, and to consider how this trend can be reversed. Crucially, how many consultants in units where teaching time was reduced felt that they had made an adequate case for their speciality?

There are increasing demands on student time for clinical teaching, and each GUM department must ensure that they make a strong case locally for the needs of their speciality. Failure to attend the curriculum committees or to present a case effectively for revised teaching, will inevitably lead to a reduced course. Medical education in Britain is finally receiving greater attention; there is still a long way to go before it receives the resources and recognition that it deserves. Nonetheless, opportunities are presenting themselves for the development of new, exciting and relevant teaching courses. We must ensure that as a speciality we grasp these opportunities.

If in 2004 Cowen and Adler once again revisit GUM undergraduate teaching in the UK, what will they report? We hope they will tell us not only that we have increased our share of the teaching curriculum, but that we have acted as an example for other specialities in how to develop vibrant teaching courses that enthuse students with an understanding of the relevance of a particular branch of medicine to their wider clinical practice.

BS PETERS
JN WEBER

*St Mary's Hospital Medical School,
Praed St, London W2 1NY, UK*